

APPLICATION FOR ANIMAL ACTIVITY LICENCE

Application form part 2b: Animal boarding

Business Trading Name							
Section A. Type of business (please tick all that apply)							
Commercial kennels							
Commercial cattery							
Home boarder of dogs							
Day care of dogs							
Section B. Qualifications							
Do you as the applicant hold any formal qualification(s) relating to the boarding of, or care of animals?							
experience:	ames and dates o	of qualifications), if no provide detail	s of relevant				
Section C. Accommodation and facilities (please continue onto an extra sheet if required)							
Number and size of facilities to boarding of animals	o be used for the						
Exercise arrangements							
Heating arrangements							
Method of ventilation							
Lighting arrangements (natura	al and artificial)						

Water supply			
Facilities for food storage/preparent	aration		
Arrangements for disposal of excreta, bedding and other waste material			
Isolation facilities for the control of infectious diseases			
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Fire precautions/equipment			
Do you keep and maintain a register of animals?			
When the premises are closed, what arrangements are in place to enquire the welfare of animals?			
How do you propose to minimise disturbance from noise?			
Section E. Veterinary surgeo	n		
Please give details (including r	name, address an	d contact details) of usual veterinar	y surgeon:
Section F. Emergency key ho			
Do you have an emergency ke	y nolder? (if no go to	o next section)	yes/no
Position/job title			
Address			
Addiess	Postcode		
Contact telephone number(s)			
Email address			
Section G. Public liability ins	surance		
Do you have public liability insurance? (if no go to next section)			yes/no

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

Policy number						
Period of cover		Start date:		End date:		
Amount of cov	er		•			
Section H. Declaration (please read and tick to confirm)						
I hereby certify that all statements in this application are correct and true to the best of my knowledge.						
Signed						
Print name						
Date signed						

Contact details:

Insurance company

Email: licensing@wokingham.gov.uk

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

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